

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Understanding frailty: a qualitative study of European healthcare policy makers' approaches to frailty screening and management.
AUTHORS	Gwyther, Holly; Shaw, Rachel; Jaime-Dauden, Eva-Amparo; D'Avanzo, Barbara; Kurpas, Donata; Buknowska-Fedak, Maria; Kujawa, Tomasz; Marcucci, Maura; Cano, Antonio; Holland, Carol

VERSION 1 – REVIEW

REVIEWER	Krystal Warmoth University of Exeter, UK
REVIEW RETURNED	08-Aug-2017

GENERAL COMMENTS	<p>This qualitative paper examined policy makers' views and beliefs about frailty screening and management in older adults. Individual interviews were conducted with 7 policy makers from the European Union, Spain, Italy, Poland and UK. Using thematic analysis, seven themes were identified: awareness of the malleability of frailty; ownership of frailty; the need for a culture shift in care; barriers to a culture shift; cultural acceptance of an integrated care system; signposting adult care; and screening for and preventing frailty. Overall, the findings were interesting and add to the literature of beliefs and understandings of frailty and its management. Moreover, the findings also support the want for an integrated, patient-centred health care system to address the changing (i.e., ageing) population and acknowledgement of this challenge.</p> <p>Comments</p> <p>1. Although the authors have provided sufficient details about the translation process and topic guide, more detail regarding the qualitative analysis process would be helpful for transparency and replication. For example, how were these themes identified in the data? Was the analysis conducted independently by HG & RS? Were memos or field notes taken?</p> <p>2. It would be helpful to know more about the richness of the data since only 7 participants were included the study. E.g., how did the interviews usually last?</p> <p>3. I have some concerns about why the authors sent the findings of the previous work with stakeholders' understandings of frailty to the participants. This information may have primed or biased the policymakers to agree with stakeholders. It would be helpful to understand why the authors thought this was necessary and justify this action.</p>
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	<p>4. The limitations of the study have not been addressed in the discussion. The authors need to discuss and address the limitation of the study design and methods.</p> <p>5. The authors should also discuss the current policy changes and legislations that have been made to address frailty and to create a more integrated, patient-centred approach. For example, frailty screening and assessment has been recommended in UK primary care settings (NICE guidance for Multimorbidity: clinical assessment and management; https://www.nice.org.uk/guidance/ng56/chapter/Recommendations). Including this information will give a more comprehensive description; that is, not only the policymakers' approaches discussed in the interviews but also what they are doing to encourage the 'cultural shift' that they discussed.</p>
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REVIEWER	<p>Professor Justin Beilby PROFESSOR JUSTIN BEILBY VICE-CHANCELLOR Torrens University POST: GPO Box 2025, Adelaide SA 5000 Australia ADELAIDE OFFICE: Level 1 Torrens Building, 220 Victoria Square, Adelaide SA 5000 Australia</p>
REVIEW RETURNED	09-Aug-2017

GENERAL COMMENTS	<p>I will comment under each section. I agree with the authors that this is a complex topic and the debates we are now having are important as we world wide define a way forward.</p> <p>ABSTRACT I would suggest a much greater focus in this section. I found the seven themes logical but would like much more explanation of the key points identified under each theme. There is a real richness in the text within each theme in the results section that is lost in the Abstract. Alternately a more expanded box re what this study adds may be a way forward,</p> <p>INTRODUCTION No comment but the link to the previous study in the Appendix 2 is helpful.</p> <p>METHODS I note the purposive sampling but would like to have some further discussion why only 7. This needs some further justification and cross referencing to similar studies. I would also like more justification to the statement at the end of methods - " The degree of commonality in responses suggests that saturation was achieved".</p> <p>RESULTS I found this section well crafted and highlighted key data in a succinct manner. The seven themes are quite logical and I have no doubt would be replicated in other health systems.</p> <p>DISCUSSION I would suggest that two gaps in this section - a discussion re the strengths and weaknesses of the study and no discussion re educational and continuing professional needs of all professionals involved with frailty. The issue of education was actually a specific question in Appendix 1. A final suggestion that maybe useful is linking these European research results with other published studies in other countries.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

Comment 1. Although the authors have provided sufficient details about the translation process and topic guide, more detail regarding the qualitative analysis process would be helpful for transparency and replication. For example, how were these themes identified in the data? Was the analysis conducted independently by HG & RS? Were memos or field notes taken?

Response: We have identified some further detail of the qualitative analysis process, see pages 6 and 7 in the method section. We agree it is important to make these processes clear for transparency purposes.

Comment 2. It would be helpful to know more about the richness of the data since only 7 participants were included the study. E.g., how did the interviews usually last?

Response: We have added additional information about the length of the interviews on page 6. We agree with the reviewer that the number of participants appears low. However, these are people at a very senior level within the European Union and national health care policy systems, and thus the potential pool of participants is itself very small. To obtain a sample of seven, is in our view, actually quite an achievement. For example we interviewed both of the policy programme directors for this area within the EC and one of only three national clinical leads in the UK. We have added this as a limitation on page 18 and have cross referenced to other healthcare studies with policy makers.

Comment 3. I have some concerns about why the authors sent the findings of the previous work with stakeholders' understandings of frailty to the participants. This information may have primed or biased the policymakers to agree with stakeholders. It would be helpful to understand why the authors thought this was necessary and justify this action.

Response: One of the objectives of this study (described in the abstract and introduction) was to gain policymakers' perspectives on the feasibility of frailty screening programmes and healthcare interventions suggested by stakeholders during the previous work. Sending a brief overview of those findings assisted the policymakers in determining a) whether they were prepared to contribute to the debate and b) to provide background to the interview. It also reduced the time pressure on these busy professionals and meant that our interview time could be used determining their opinions rather than detailing previous findings. Although policymakers did indeed sometimes agree with stakeholders, they also strongly disagreed or refuted ideas they believed were impractical, for example that of the wellbeing co-ordinator. We have added further information on page 6 to clarify this.

Comment 4. The limitations of the study have not been addressed in the discussion. The authors need to discuss and address the limitation of the study design and methods.

Response: A section has been added after the discussion on p20.

Comment 5. The authors should also discuss the current policy changes and legislations that have been made to address frailty and to create a more integrated, patient-centred approach. For example, frailty screening and assessment has been recommended in UK primary care settings (NICE guidance for Multimorbidity: clinical assessment and management; <https://www.nice.org.uk/guidance/ng56/chapter/Recommendations>). Including this information will give a more comprehensive description; that is, not only the policymakers' approaches discussed in the interviews but also what they are doing to encourage the 'cultural shift' that they discussed.

Response: Many thanks for informing us of this work. We have referred to it in the discussion on page 19.

Reviewer 2

ABSTRACT

Comment I would suggest a much greater focus in this section. I found the seven themes logical but would like much more explanation of the key points identified under each theme. There is a real richness in the text within each theme in the results section that is lost in the Abstract. Alternately a more expanded box re what this study adds may be a way forward.

Response: We have expanded the results section in the Abstract to incorporate additional details of each theme.

The box re what the study adds has been removed at the request of the editorial office.

INTRODUCTION

Comment : No comment but the link to the previous study in the Appendix 2 is helpful.

Response: We thank the reviewer for his comments.

METHODS

Comment I note the purposive sampling but would like to have some further discussion why only 7. This needs some further justification and cross referencing to similar studies. I would also like more justification to the statement at the end of methods - "The degree of commonality in responses suggests that saturation was achieved".

Response: We agree with the reviewer that the number of participants appears low. However, these are people at a very senior level within the European Union and national health care policy systems, and thus the potential pool of participants is itself very small. To obtain a sample of seven, we believe, is actually quite an achievement. For example we interviewed both of the policy programme directors for this area within the EC and one of only three national clinical leads in the UK. We have added this as a limitation on page 20 and have cross referenced to other healthcare studies with policy makers. We agree with the reviewer that the statement on saturation was limited, and have removed this from the methods and addressed saturation issues in the limitations section on page 20.

RESULTS

Comment I found this section well-crafted and highlighted key data in a succinct manner. The seven themes are quite logical and I have no doubt would be replicated in other health systems.

Response: We would like to thank the reviewer for his comments.

DISCUSSION

Comment I would suggest that two gaps in this section - a discussion re the strengths and weaknesses of the study and no discussion re educational and continuing professional needs of all professionals involved with frailty. The issue of education was actually a specific question in Appendix 1. A final suggestion that maybe useful is linking these European research results with other published studies in other countries.

Response: A discussion regarding the strengths and weaknesses of the study has been added on page 20/21. A paragraph regarding education and continuing professional development has been added to the discussion. This can be found on page 18.

We agree with the reviewer that a discussion of these European results with published studies from other countries would be useful. However, to our knowledge, this is the first study of its kind on frailty with healthcare policy makers anywhere in the world.

VERSION 2 – REVIEW

REVIEWER	Justin Beilby Torrens University Australia
REVIEW RETURNED	03-Oct-2017

GENERAL COMMENTS	I have now reviewed this new draft which has responded to all my original concerns. This is an important paper in shaping the policy debate regarding frailty. There is now a substantially enhanced abstract and much more detailed justification for the methodology including the small sample of informants.
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